## 2021 - 02 - 09 - 0M - 00M679M5

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FECIMAIL CENTER

2021 FERS US ORY 12: 19

1.	NAME C	)F TEE (in full)	TYPE OR PRINT		imple: If typing, type r the lines.	12FE4M5		
United Medical Freedom Super PAC, LLC								
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لــا						<u> </u>		
ADDRESS (number and street)								
<b>T</b>	T Che	ck if different previously rted. (ACC)						لــــا
L			Portland			TN 37	7148	912
2. FEC IDENTIFICATION NUMBER ▼ 17 1 CITY A 1 STATE A ZIP CODE A								
	C 0	753319	No. of the second	3 IS THIS REPORT		AMEN (A)	DED	
4.	TYPE (Choose	OF REPORT One)	` (b) Monthly Report Due On:	Feb 20 (M2)		5) Aug 20	(Nor Year	/ 20 (M11) n-Election Only)
(a) Quarterly Bonorto:							(Nor	c 20 (M12) n-Election Only)
	m	April 15 Quarterly Report (Q		Apr 20 (M4)	Jul 20 (M7	Oct 20 (	(M10)	31 (YE)
	L		(c) 12-D	· . L.	Primary (12P)	General (120	G) Rur	noff (12R)
	Ц	July 15 Quarterly Report (0	<b>)21</b>	Election ort for the:	Convention (12C)	Special (12S	<del></del>	
		October 15 Quarterly Report (Q3			- M - M - / - W - D		in the	
	X	January 31 Year-End Report (\	/E) <u>ι</u>	Election on			State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	POS	ay T-Election ort for the:	General (30G)	Runoff (30R)	) Spe	ecial (30S)
		Termination Report (TER)		Election on			in the State of	
<b></b>	Covering	Period 1	24	2020	through 12	2 <sup>M</sup> / 31 /	2020	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer Ty M. Bollinger								
Signature of Treasurer  Date  Date  Date  Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.								
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